

NCEM PROPOSAL

Proposal #:

Please check:

- ☐ ARM ☐ HVEM ☐ AEM ☐ Image Sim. or Processing ☐ CM200 ☐ In-Situ
•and fill out appropriate data sheet•

If you have questions about the proposal form, please call 510-486-5006

Project Title:

Investigators:

organization
address

phone
email

fax

Microscopists:

organization
address

phone
email

fax

*Funding Source:

Specify source and contract number (spell out acronyms)

* This is who is financing or supporting your project--no charge for non-proprietary projects

The applicants have read, understood, and will comply with all of the NCEM operational requirements as set forth in the User's Guide. We agree to acknowledge the NCEM in any publications resulting from use of the facility and send a copy of such publications to the Center at the address below.

Investigator Signature: Date:

For NCEM Steering Committee Review:

- ☐ Approved ☐ Rejected ☐ Return for Modification
Rating: A ☐ B ☐ C ☐ D ☐ E ☐ F ☐

Comments:

Committee Member Signature: Date: